



REPORT OF FETAL DEATH

(TYPE OR PRINT IN INK)

CHILD	1. CHILD'S NAME (FIRST) (MIDDLE) (LAST) (SUFFIX) <i>(If parent's choose to provide a name)</i>						2. SEX OF CHILD
	3. NAME AND TITLE OF ATTENDANT		4. BIRTHWEIGHT <i>(Specify unit)</i>	5. OBSTETRIC ESTIMATE OF GESTATION <i>(completed weeks)</i>	6. DATE OF DELIVERY <i>(Month, Day, Year)</i>	7. TIME OF DELIVERY <div>M</div>	
PLACE OF DELIVERY	8a. FACILITY NAME <i>(If not institution, give street, number, and zip code)</i>			8b. CITY, VILLAGE, OR TOWNSHIP OF DELIVERY		8c. COUNTY OF DELIVERY	
PARENT(S)	9. MOTHER'S CURRENT LEGAL NAME <i>(First, Middle, Last)</i>			10. FATHER'S CURRENT LEGAL NAME <i>(First Middle Last)</i>			
CONFIDENTIAL INFORMATION FOR ADMINISTRATIVE AND PUBLIC HEALTH USE ONLY							
MOTHER	11. MOTHER'S FULL NAME BEFORE FIRST MARRIED IF DIFFERENT FROM CURRENT NAME			12. MEDICAL RECORD NUMBER OF MOTHER		13. EXPECTED SOURCE OF PAYMENT FOR MEDICAL SERVICES <i>(Private Insurance, Medicaid, etc.)</i>	
	14a. RESIDENCE OF MOTHER - STATE		14b. COUNTY OF RESIDENCE		14c. RESIDENCE - PLACE <i>(Check one box and specify)</i> <div><input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> INSIDE TOWNSHIP OF <input type="checkbox"/> UNINCORPORATED PLACE OF</div>		
	15. RESIDENCE STREET ADDRESS		16. ZIP CODE	17. MOTHER'S MAILING ADDRESS IF DIFFERENT FROM RESIDENCE <i>(Street Number, City or Village, State, Zip)</i>			
PARENT(S)	18a. MOTHER'S STATE OF BIRTH - NAME COUNTRY IF NOT USA		18b. MOTHER'S DATE OF BIRTH <i>(Mo, Day, Yr)</i>	18c. WAS MOTHER MARRIED AT DELIVERY OR CONCEPTION? <i>(Yes or No)</i>		19a. FATHER'S STATE OF BIRTH - NAME COUNTRY IF NOT USA	
MOTHER	20a. RACE - American Indian, Black, White, etc. <i>(If Asian give nationality, i.e. Chinese, Filipino, etc.) (Enter all that apply)</i>		20b. ANCESTRY - Mexican, Cuban, Arab, English, French, Dutch, etc. If American Indian, enter principal tribe. <i>(Enter all that apply)</i>		20c. HISPANIC ORIGIN <i>(Yes or No)</i>	20d. EDUCATION - Indicate the category that best describes the highest degree or level of school completed by the Mother and the Father <div><div><div><input type="checkbox"/> 1 8th grade or less</div><div><input type="checkbox"/> 2 9th - 12th grade; no diploma</div><div><input type="checkbox"/> 3 High school graduate or GED</div><div><input type="checkbox"/> 4 Some college but no degree</div><div><input type="checkbox"/> 5 Associate degree (AA, AS)</div><div><input type="checkbox"/> 6 Bachelor's degree (BA, AB, BS)</div></div><div><div><input type="checkbox"/> 7 Master's degree (MA, MS, MEng, MEd, MSW, MBA)</div><div><input type="checkbox"/> 8 Doctorate or Professional degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD)</div><div><input type="checkbox"/> 9 Unknown</div></div></div>	
	FATHER						
MEDICAL AND HEALTH INFORMATION	21. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		22. DATE LAST NORMAL MENSES BEGAN <i>(Mo, Day, Year)</i>		23a. DATE OF FIRST PRENATAL CARE VISIT <i>(Mo., Day, Year)</i>		
	24a. PLURALITY OF THIS PREGNANCY Single, Twin, Triplet, etc. <i>(Specify)</i>		24b. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. <i>(Specify)</i>		23b. DATE OF LAST PRENATAL CARE VISIT <i>(Mo., Day, Year)</i>		
					23c. TOTAL PRENATAL CARE VISITS		
					25b. IF MOTHER QUIT SMOKING, HOW LONG AGO? <i>(weeks, months, years)</i>		
				25c. DO OTHERS IN HOUSEHOLD SMOKE? <i>(Yes or No)</i>			
26. PREGNANCY HISTORY <i>(Complete each section)</i>			27. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO If yes enter name of facility transferred from: _____			28. ATTENDANT AT DELIVERY <div><div><input type="checkbox"/> 1 MD</div><div><input type="checkbox"/> 2 DO</div><div><input type="checkbox"/> 3 NURSE</div><div><input type="checkbox"/> 4 CERTIFIED NURSE MIDWIFE</div><div><input type="checkbox"/> 5 CERTIFIED MIDWIFE</div><div><input type="checkbox"/> 6 OTHER MIDWIFE</div><div><input type="checkbox"/> 7 OTHER</div></div>	